



**North Carolina Department of Health and Human Services**  
**Division of Mental Health, Developmental Disabilities and Substance Abuse Services**  
3012 Mail Service Center • Raleigh, North Carolina 27699-3012  
Tel 919-881-2446 • Fax 919-508-0968

Michael F. Easley, Governor  
Dempsey Benton, Secretary

Michael S. Lancaster, M.D. and  
Leza Wainwright, Directors

**DATE**

***MEMORANDUM***

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**TO:** DWI Service Providers

**FROM:** Jim Jarrard, Accountability Team Leader  
DMH/DD/SAS, Resource & Regulatory Management Section

**SUBJECT:** Notification of 2008/2009 DWI Programmatic Review

Between March 2008 and October 2009, the N.C. Division of MH/DD/SAS will conduct Programmatic Reviews of DWI Service Providers. Service review will include Alcohol Drug Education Traffic Schools (ADETS), Short Term Outpatient Treatment (ST-O), Longer Term-Outpatient Treatment (LT-O), Day Treatment/Intensive Outpatient Treatment (IOP), and Inpatient and Residential Treatment Services (I-Res).

**Your DWI Programmatic Review has been scheduled as follows:**

**Provider Name/Facility Code:**

**Review Day/Date:**

Prior to your review, the Assurance Unit Reviewer assigned to your facility review will contact you by telephone to confirm date, time and place.

**Please keep this letter throughout the audit/review process for reference purposes.**

**NOTE: All documents required for preparation of this review are posted on the DMH/DD/SAS website:**

**<http://www.ncdhhs.gov/mhddsas/audits/index.htm>**

## **Review Process:**

1. Random sample of client records will be drawn from July 1, 2007 through the date of the review. Client records must have required documentation from 7/1/2007 forward.
2. The reviewer will examine records for assessment and treatment/ADETS services and attempt to review ten (10) client assessment records and ten (10) client treatment/ADETS records.
3. The following documentation should be on-site and available in client record during the reviews:
  - a. Certificate of Completion
  - b. Proof of Provider Code/Authorization
  - c. Treatment Plan/Person Centered Plan
  - d. Service Notes/Service Records documentation
  - e. Staff Qualifications/Credentials/License/other documentation from NCSAPPB
  - f. Proof of Fees Paid to Division (authorization, reauthorization, ADETS)
  - g. Facility Policies and Procedures Manual
  - h. Sign in Sheet or Class Register (ADETS)

## **Review Schedule and Request to Reschedule:**

Each DWI Service Provider in North Carolina shall be reviewed. Assurance Unit staff will complete the review within one day. Facility reviews will be conducted on Tuesdays, Wednesdays, and Thursdays unless otherwise arranged by the Reviewer assigned to the facility. Consideration for request to reschedule reviews will be on an individual basis and based upon the circumstances surrounding the request.

**In order to reschedule a review please contact the Reviewer assigned to your area.** Please note that all requests to reschedule may not be granted and are based upon availability of future dates.

## **Technical Assistance:**

An exit interview will be conducted at the end of each assessment and/or treatment/ADETS review. During the exit interview the Reviewer will complete the DWI Review Summary and Exit Form and provide an overview of their findings. This may include identifying areas of non-compliance and identify any technical assistance needs. The Reviewer will leave with the provider a signed copy of the Summary and Exit Form and other necessary forms completed during the review process. The results of each review shall be submitted to the Office of DWI Services. Based on review findings, the Office of DWI Services may require providers to attend technical assistance trainings and/or provide additional documentation.

**If you are not a DWI Service Provider or have questions concerning this information or other concerns related to the upcoming DWI Reviews, please contact one of the following for further assistance:**

Linwood Timberlake  
[linwood.timberlake@ncmail.net](mailto:linwood.timberlake@ncmail.net)  
(919) 420-7934/ voice  
(919) 218-3720 / cell

**OR**

John Wheeler  
[john.wheeler@ncmail.net](mailto:john.wheeler@ncmail.net)  
(336) 896-7952 ext. 221 / voice  
(336) 312-1457 / cell

**All written inquiries should be mailed to:**

Division of MH/DD/SAS  
Accountability Team-Assurance Unit,  
3012 Mail Service Center  
Raleigh, NC 27699-3012.

We look forward to a successful review.

CC: DMH/DD/SAS Executive Leadership Team (ELT)  
Bill Harris, Accountability Team, Assurance Unit Lead  
Lynn B. Jones, DWI Services Program Manager